No. 300
10-48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED OCT 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31426

BIRTH NO. ____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8364

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN: St. Louis, Missouri
c. LENGTH OF STAY (in this place): 14 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Louis City Hospital #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: St. Louis 2149
d. STREET ADDRESS (If rural, give location): 5845 Lindenwood Ave.

3. NAME OF DECEASED (Type or Print): a. (First) ELBERT b. (Middle) G. c. (Last) DON

4. DATE OF DEATH: (Month) SEPT. (Day) 18 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 11/13/85

9. AGE (In years last birthday): 65 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Rock Island, Illinois

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: David

13b. MOTHER'S MAIDEN NAME: Agnes Jackson

14. NAME OF HUSBAND OR WIFE: Marie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS: Mrs Marie G Don St. Louis Mo.

18. CAUSE OF DEATH

MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 321X

22. *I hereby certify that I attended the deceased from* 9-5-51, 19___, *to* 9-18-51, 19___, *that I last saw the deceased alive on* 9-18-51, 19___, *and that death occurred at* 8:20P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John A. Lawton M.D.

23b. ADDRESS: 1515 Lafayette Avenue

23c. DATE SIGNED: 9-19-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9/22/51

24c. NAME OF CEMETERY OR CREMATORY: Chippiannock

24d. LOCATION (City, town, or county) (State): Rock Island, Illinois

DATE REC'D BY LOCAL REG.: SEP 21 1951

REGISTRAR'S SIGNATURE: Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Sullivan Funeral 2849 N Fourth

M.B.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Robert L. Brinkman

Licensed Embalmer No. 3653

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.